ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---|---|---|---|
| FEE DETERMINATION | Osman | 12/ | 9/ |
| O.I.P.E. CLASSIFIER | | 1019 | 09.26.01 |
| FORMALITY REVIEW | M | | |
| RESPONSE FORMALITY REVIEW | | | |
| | | | |

## INDEX OF CLAIMS

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= ............................ Allowed           I ............................ Interference
— (Through numeral)... Canceled        A ............................ Appeal
÷ ............................ Restricted         O ............................ Objected

| Claim (Final/Original) | Date | | | | | | Claim (Final/Original) | Date | | | | | | Claim (Final/Original) | Date | | | | | |
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If more than 150 claims or 10 actions
staple additional sheet here

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